

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2015 JUL 14 AM 10:20

1. (a) Name of Candidate (in full) <b>PASTOR SHAWNA STERLING</b>	
(b) Address (number and street) <b>PO BOX 98</b>	<input type="checkbox"/> Check if address changed
2. FEC Candidate Identification Number	
(c) City, State, and ZIP Code <b>BROOKSVILLE KY 41004</b>	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <b>INDEPENDENT</b>	5. Office Sought <b>PRESIDENTIAL</b>
6. State & District of Candidate	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2016** election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>PASTOR SHAWNA STERLING 2016 PRO LIFE PRO AMERICA IT'S TIME TO TAKE CARE OF AMERICA</b>
(b) Address (number and street) <b>PO BOX 98</b>
(c) City, State, and ZIP Code <b>BROOKSVILLE KY 41004</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <b>6-23-2015</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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